## LCSB EXTENDED DAY ENRICHMENT PROGRAM

# 2025-2026 REGISTRATION FORM

CHILD’S NAME: GENDER:\_\_\_\_\_

BIRTH DATE: / / AGE:­­­­ GRADE:­­­­ TEACHER:

OTHER SIBLINGS AT THIS SCHOOL:

PARENT/ GUARDIAN NAME:

ADDRESS: ZIP CODE:

EMPLOYER: E-MAIL ADDRESS:

WORK PHONE: ( ) - CELL PHONE: ( ) -

PARENT/ GUARDIAN NAME:

ADDRESS: ZIP CODE:

EMPLOYER: E-MAIL ADDRESS:

WORK PHONE: ( ) - CELL PHONE: ( ) -

Is this a split house hold? Yes No Any custody arrangements we should be aware of? Yes No

If yes, please explain: ­­­­­­­­­­­­­

The following individuals are allowed to pick up this child and may be contacted in case of an emergency:

EMERGENCY CONTACTS DAY PHONE RELATION TO CHILD

 ­­­

 ­­­

 ­­­

 ­­­

List any medications, allergies or limitations requiring special attention:

My child can safely function with a minimum staff/student ratio of 1:15: Yes No

My child is staffed into an ESE Program or Gifted Program: Yes No

My child has an IEP on file: Yes No

My child may be in photos or videos taken during the program for program use only: Yes No

My child has permission to use the internet for Extended Day Program activities: Yes No

My child may watch a G or PG rated family movie during EDEP: Yes No

**My child will be attending (Please circle all that apply):**

Before School After School

Mon Tues Wed Thur Fri Mon Tues Wed Thur Fri

 Drop In Only Drop In Only

**I have read and fully understand the procedures outlined in the Extended Day Enrichment Program handbook. It is clear that I must submit my payment to EDEP on or before the payment due date or a $10.00 late charge will be assessed. My fee will be paid on time even if my child does not attend on the actual due date. I understand that my child must be picked up by 6:00 p.m. every day, or a $1.00 per minute late fee will be assessed.**

PARENT/GUARDIAN SIGNATURE: DATE: / /